MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22d)

03869

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred: 110 College Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 110 College ave

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Robert Bassick

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife: (Mrs.) Mary Bassick

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 7 1863

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
82	9	14		

9. Birthplace: Queen Anne Kent Co. Md. (Town, county, and state)

10. Usual occupation: Farmhand - retired

11. Industry or business: Penn. R.R.

FATHER

12. Name: Unknown

13. Birthplace: "

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Mrs. Etta L. Johnson

Address: 110 College Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/25/46 (month) (day) (year)

Cemetery or crematory: Chestertown

Location: Chestertown - Maryland

18. Funeral director: Wann V. Williams

Address: Chestertown, Maryland

19. April 25, 1946 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1946, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1946, to April 21 1946

and that I last saw h.. alive on April 15 1946

Immediate cause of death	DURATION
Chron. Endo. Lues or arteriosclerosis Decompensation	
Due to: Hypertension	
Due to: Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall, Md. Date signed: 4/22/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Bergeret

03870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:

County: Kent

City or town: Fairlee-Chestertown RR

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~what~~ while alive

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Fairlee

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Thomas Henry Morris Bramble

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6.(b) Name of husband or wife: Louisa Bramble

6.(c) If alive, give age: deceased years

7. Birth date of deceased (mo., day, yr.): January 31 1871

8. AGE:

Years	Months	Days	If less than one day
75	3	17	hrs. min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business

FATHER — 12. Name: Henry Bramble

13. Birthplace: Kent Co. Md

MOTHER — 14. Maiden name: Susanna Coleman

15. Birthplace: Kent Co. Md.

16. Informant: Morris Bramble

Address: Chesterlawn R.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/24/46 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Rock Hall Maryland

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland

19. April 23 1946 (Date rec'd by registrar) F. H. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1946 at 8.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1946, to April 20 1946

and that I last saw h[illegible] alive on April 20 1946

Immediate cause of death	DURATION
Coronary Thrombosis	sudden
Due to: Cardiac Vascular	2 yrs
Due to: Hypertension	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Smith M. D. or other

Address: Chestertown Date signed 4/22/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bal)

03871

FILM No. I 01 APR 11 1946

CERTIFICATE OF DEATH

(*) Reg. Diat. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs.

Hospital, institution, or street address where death occurred: Kent and Queen Anne Hospital

How long in hospital or institution? 7 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Campus Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Sarah Catherine Coopor

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: George N. Cooper

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): July 25, 1877

8. AGE: Years	Months	Days	If less than one day
68 69	8	9	hrs. min.

9. Birthplace: Chestertown, Kent, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: William A. Wood

13. Birthplace: Maryland (Kent Co.)

MOTHER

14. Maiden name: Sarah R. Miller

15. Birthplace: Maryland (Kent Co.)

16. Informant: Hosp. Records

Address: Chestertown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 5/46 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown - Maryland

18. Funeral director: Mayon V. Williams

Address: Chestertown, Maryland

19. April 4 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3 1946, at 4 15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1946, to April 3 1946

and that I last saw her alive on April 3 1946

Immediate cause of death	DURATION
Pneumococcic Meningitis	5 days
Due to:	
Due to:	
Other conditions: Myocarditis, toxic	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underlioe the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. C. Dick M.D.

M. D. or other

Address: Chestertown, Md Date signed: 4-3-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-1)

03872

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: Greys Inn

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall, rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Greys Inns

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Rebecca Emmeline Elburn

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	Married

6.(b) Name of husband or wife: Thomas Elburn

6.(c) If alive, give age: 84 years

7. Birth date of deceased (mo., day, yr.): Sept 18 1862

8. AGE: Years 83 | Months 6 | Days 25 | If less than one day: ...hrs. ...min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER — 12. Name: David Ashley

FATHER — 13. Birthplace: Kent Co, Md

MOTHER — 14. Maiden name: Mary Crouch

MOTHER — 15. Birthplace: Kent Co

16. Informant: George Elburn

Address: Rock Hall Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: April 14 1946 (month) (day) (year)

Cemetery or crematory: Ashley Cemetery

Location: Rock Hall Md

18. Funeral director: Edgar L. Lane

Address: Church Hill Md

19. 4/13 1946 (Date rec'd by registrar) S. Elwood Burgess Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 12 1946, at 2 18 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1945 to April 12 1946

and that I last saw her alive on 4-11 1946

Immediate cause of death	DURATION
Old age	
Chron. End. - Myocard. Deg.	
Due to: Chron. Arthritis	
Due to:	
Other conditions: —	
— (Include pregnancy within 3 months of death)	

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall, Md Date signed: 4/12/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

★ 03873 202

Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Hunt
City or town: Chestertown R.D. Colemans Neck
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown R.D. Colemans Neck
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Paul Henry Schumann

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret Schumann
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): June 4 1870

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
75	10	24		

9. Birthplace: East Prussia (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farming
12. FATHER — Name: Carl Schumann
13. FATHER — Birthplace: East Prussia
14. MOTHER — Maiden name: Dorothea Henn
15. MOTHER — Birthplace: East Prussia
16. Informant: Mrs. Lillie D. Schumann
Address: R.D. Lakeland Dr Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1 1946 (month) (day) (year)
Cemetery or crematory: Still Pond Md
Location: Still Pond Md
18. Funeral director: B.K. Fellows
Address: Still Pond Md
19. May 1 1946 (Date rec'd by registrar) Clara S. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1946 at unknown
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec 1945 to April 28 1946, and that I last saw h[illegible] alive on April 28 1946
Immediate cause of death: Acute Renal Disease — DURATION: Short
Due to: Chronic Renal Disease — DURATION: Years
Due to: [illegible]
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?
23. SIGNATURE: [illegible] M. D. or other
Address: Chestertown Md Date signed: April 30 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (136)

03874

CERTIFICATE OF DEATH

Reg. Diat. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Dora Mildred Hadaway

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: Webster Hadaway

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): June 10 - 1891

8. AGE: Years: 54 Months: 10 Days: 12 If less than one day: hrs. min.

9. Birthplace: Rock Hall (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Joseph Dewell

13. Birthplace: Rock Hall

MOTHER — 14. Maiden name: Mary Ashley

15. Birthplace: Rock Hall

16. Informant: Webster Hadaway

Address: Chestertown Md

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof APRIL 25 1946 (month) (day) (year)

Cemetery or crematory: CHESTER CEM.

Location: CHESTERTOWN, MARYLAND

18. Funeral director: J. Willis WELLS

Address: CHESTERTOWN, MARYLAND

19. April 23, 1946 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 22 1946 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to April 22 1946 and that I last saw her alive on April 22 1946

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Empyema - 2 R.

Date of op. 1939

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank M Smith M. D. or other

Address: Chestertown Date signed 4/22/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

03875

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ~~3 years~~ 4 months
Hospital, institution, or street address where death occurred: Kent and Queen Anne's Hospital
How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: ~~Chestertown~~ Rock Hall, Md. (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: World War I

3.(a) FULL NAME: William Tulley Henry
3.(b) Social Security Number: 213-01-6924

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: SEPARATED
6.(b) Name of husband or wife: LOIS M. HENRY
LIVING
6.(c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.): June 28 1895

8. AGE: Years 50 Months 9 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace: Kent County, Md (Town, county, and state)
10. Usual occupation: Linotype operator
11. Industry or business: Printing
FATHER
12. Name: William Tulley Henry
13. Birthplace: Millville, New Jersey
MOTHER
14. Maiden name: Annie Rebecca Stanley
15. Birthplace: Kent County, Md.
16. Informant: Mrs. Lottie M. Kennard
Address: Chestertown, Md
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: APRIL 17, 1946 (month) (day) (year)
Cemetery or ~~crematory~~: CHESTER CEM.
Location: CHESTERTOWN Md.
18. Funeral director: J. Willis Wells
Address: Chestertown, Md
19. April 16 1946 (Date rec'd by registrar) Clara S. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 1946, at 1:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__; that I last saw h__ alive on ___ 19__.
[handwritten across: Dr. not attend. Investigated death before certificate. ... died before ...]
Immediate cause of death: Coronary
Due to: Occlusion
Due to: Arterio Sclerosis
DURATION: [illegible]
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No
Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?
23. SIGNATURE: [signature] Dy. Dep. Med. Exam. Kent Co. Md. M.D. or other
Address: Chestertown Md Date signed: 4/15/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

03876

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown Route 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Route 2
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Lewis Francis Newsome

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret Newsome

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): June 30 1873

8. AGE:

Years	Months	Days	If less than one day
72	9	25	...hrs. ...min.

9. Birthplace: Stillpond Md Kent Co
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: own

FATHER
12. Name: Lewis Francis Newsome

13. Birthplace: Cecil Co, Md

MOTHER
14. Maiden name: Sarah Elizabeth Cain

15. Birthplace: Baltimore, Md.

16. Informant: Mrs Marg. Newsome

Address: Chestertown, Route 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: APR 27 1946 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown Md

18. Funeral director: B R Fellows

Address: Still Pond Md

19. April 27 1946 (Date rec'd by registrar) J Melvin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1946, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3 1946 to April 25 1946 and that I last saw h... alive on 4-22 1946

Immediate cause of death	DURATION
Cerebral hemorrhage	1 year
Paralysis	
Due to: Endo-Myocarditis	
Hypertension	
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, Industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Albert G. Burgard M. D. or other

Address: Rock Hall, Md Date signed: 4/25/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for change of age of deceased is shown on

FILM No. 10 APR 15 1946

STATE OF MARYLAND—CERTIFICATE OF DEATH

03877

1. PLACE OF DEATH

County Kent — Registration Dist. No. 202

Village or City Rock Hall — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 19 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George Ryland

(a) Residence: No. Centreville Road St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Diana Ryland

6. DATE OF BIRTH (month, day, and year): Nov. 17 1871

7. AGE: Years 74 — Months 4 — Days 21 — IF LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as FARMER, SAWYER, BOOKKEEPER, etc.: Farmer Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Store Keeper

10. Date deceased last worked at this occupation (month and year): Dec 1945

11. Total time (years) spent in this occupation: 40+

12. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

FATHER

13. NAME: Isaac A. Ryland

14. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

MOTHER

15. MAIDEN NAME: Mary E. Wordall

16. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

17. INFORMANT: Howard Ryland

(Address) Centreville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Crumpton Md Date Apr 10 1946

19. UNDERTAKER: T Easton Towers

(Address) Centreville Md.

20. FILED April 7, 1946. Clara L. Barnes. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: April 7 1946 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1946, to April 7, 1946

I last saw him alive on April 7, 1946; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other Contributory Causes of importance: Hypertension	

Name of operation: None — Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No — Date of injury ____, 19____

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Boyd Hynes M. D.

(Address) Chestertown Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

03878

Reg. Dist. No. 2021

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Johnson Town

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Johnson Town

(If rural give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Thomas Jefferson Saunders

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col	Widowed

6.(b) Name of husband or wife: Margaret Saunders

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept 11 1867

8. AGE: Years	Months	Days	If less than one day
78	7	7	..... hrs. ..... min.

9. Birthplace: Chestertown, Md (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: —

FATHER — 12. Name: Harrison Saunders

FATHER — 13. Birthplace: Chestertown, Md

MOTHER — 14. Maiden name: Elizabeth Comegys

MOTHER — 15. Birthplace: Chestertown

16. Informant: Levi Brown

Address: Johnson Town

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20-1946 (month) (day) (year)

Cemetery or crematory: Pomona

Location: Quaker Neck

18. Funeral director: Asbury Hynson

Address: Chestertown Md.

19. April 19 1946 (Date rec'd by registrar) Chas. L. Burris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1946 at 7 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/31 1946 to 4/18 1946 and that I last saw h— alive on 4/16/ 1946

Immediate cause of death	DURATION
Chron. Endo-Myocarditis	
Hypertension	
Due to: Paralysis of Face,	
Due to: Enlargement of Prostate Cystitis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Albert H Burgard M. D. or other

Address: Rock Hall, Md Date signed 4/18/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (156-E)

CERTIFICATE OF DEATH

★ 013879 201

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Betterton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Betterton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME William Henry Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widower

6.(b) Name of husband or wife Irene Fields Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 19 1865

8. AGE: Years 80 | Months 5 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Cecil County Md. (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business School

FATHER 12. Name Daniel Smith

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Lucinda Corden

MOTHER 15. Birthplace Maryland

16. Informant Mrs Edward Smith

Address Kennedyville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 7 1946 (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown, Md.

18. Funeral director B. A. Fellows

Address Still Pond, Md.

19. Apr 5 1946 J M Clark

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1946, at 11 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946, to April 3 1946

and that I last saw h... alive on April 3 1946

Immediate cause of death	DURATION
Hypostatic Pneumonia	
Due to Neurasthenia, Myasthenia	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE James Edwin Dedman M. D.

M. D. or other

Address Box 19 - Betterton Md Date signed 4-4-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: (Kent and Queen Annes Hospital)
How long in hospital or institution? 48 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Richard Halstead Warrin

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Marie Louise Rosset
Deseembrent Warrin 6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 20, 1879

8. AGE: Years	Months	Days	If less than one day
67	0	17	hrs. min.

9. Birthplace: Chicago Illinois
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business
FATHER 12. Name: Samuel Lord Warrin
13. Birthplace: New Town, Long Island, N.Y.
MOTHER 14. Maiden name: Sarah Helen Hathaway
15. Birthplace: New Town, Long Island, N.Y.
16. Informant: Hospital Records
Address: Chestertown, Md.
17. Cremation (Burial, cremation, or removal. Which?) Date thereof 4/8/46 (month) (day) (year)
Cemetery or crematory: Green Mount
Location: Baltimore Md.
18. Funeral director: Marvin C. Williams
Address: Chestertown, Maryland
19. April 8 1946 (Date rec'd by registrar) Clara L. Burns Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1946, at 8 25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 1946 to April 6 1946
and that I last saw him alive on April 6 1946

	DURATION
Immediate cause of death: Cardiac decompensation	48 days
Due to: Chronic myocarditis	6 mos.
Due to: Auricular fibrillation	6 mos.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. C. Dick M. D. or other
Address: Chestertown, Md. Date signed: April 6 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15